

EXPRESS MAIL NO.: ED 792790425 US

**APPLICATION DATA SHEET**

**Application Information**

Application number::

Filing Date::

Application Type::

Regular

Subject Matter::

Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?::

None

Number of CD disks::

Number of copies of CDs::

Sequence submission?::

Computer Readable Form (CRF)?::

Number of copies of CRF::

Title ::

NEW ALICYCLIC-AMINE-SUBSTITUTED 4-CARBOXAMIDO-BENZIMIDAZOLES AS PARP-INHIBITORS AND ANTIOXIDANTS

Attorney Docket Number::

67789-485

Request for Early Publication?::

No

Request for Non-Publication?::

No

Suggested Drawing Figure::

Total Drawing Sheets::

Small Entity?::

Yes

Petition included?::

Petition Type::

Licensed U.S. Gov't Agency::

No

Contract or Grant No::

Secrecy Order in Parent Appl.?::

### **First Applicant Information**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	Hungary
Status::	Full Capacity
Given Name::	Kálmán
Middle Name::	
Family Name::	Hideg
Name Suffix::	
City of Residence::	Pécs
State or Province of Residence::	
Country of Residence::	Hungary
Street of mailing address::	Ifjuság utja 5/a
City of mailing address::	Pécs
State or Province of mailing address::	
Country of mailing address::	Hungary
Postal or Zip Code of mailing address::	H-7624

### **Second Applicant Information**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	Hungary
Status::	Full Capacity
Given Name::	Tamás
Middle Name::	
Family Name::	Kálai
Name Suffix::	

City of Residence::	Cegléd
State or Province of Residence::	
Country of Residence::	Hungary
Street of mailing address::	Kossuth F.u.46
City of mailing address::	Cegléd
State or Province of mailing address::	
Country of mailing address::	Hungary
Postal or Zip Code of mailing address::	H-2700

### **Third Applicant Information**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	Hungary
Status::	Full Capacity
Given Name::	Balázs
Middle Name::	
Family Name::	Sümegei
Name Suffix::	
City of Residence::	Pécs
State or Province of Residence::	
Country of Residence::	Hungary
Street of mailing address::	Homokko u.7
City of mailing address::	Pécs
State or Province of mailing address::	
Country of mailing address::	Hungary
Postal or Zip Code of mailing address::	H-7634

**Correspondence Information**

Correspondence Customer Number:: **50670**

Name::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::

Phone number:: (213) 633-6869

Fax Number: (213) 633-6899

E-Mail address:: sethlevy@dwt.com

**Representative Information**

Representative Customer Number::		<b>50670</b>
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**Domestic Priority Information**

Application ::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	National Stage of	PCT/HU2004/000043	04/27/04

**Foreign Priority Information**

Country::	Application number::	Filing Date::	Priority Claimed::
Hungary	P0301154	04/28/03	Yes

**Assignee Information**

Assignee name::	Cedars-Sinai Medical Center
Street of mailing address::	8700 Beverly Boulevard
City of mailing address::	Los Angeles
State or Province of mailing address::	CA
Country of mailing address::	US
Postal or Zip Code of mailing address::	90048